Fill	in this information	to identify your case:					30/2	Check one bo	x only as directed in th	is form and in
De	ebtor 1	Ashley	N.	Brooks				_		
٥,		First Name	Middle Name	Last Name				1. There is	no presumption of abu	ise.
	ebtor 2 pouse, if filing)	First Name	Middle News	Last Name				of abuse a	culation to determine if pplies will be made und	der Chapter 7
•	- - ·		Middle Name		.				t Calculation (Official F	,
		uptcy Court for the:	Easte	ern District of	Pennsylvai	nia	-		ans Test does not apply military service but it o	
	ase number known)							Check if th	is is an amended filing	
Of	ficial Form	122A-1					_			
Cr	napter 7 S	Statement	of Your	Curren	t Mont	hly l	nco	me		12/19
attac and oeca with	ch a separate shee case number (if kn ause of qualifying r this form.	t to this form. Includ nown). If you believe	de the line numbe that you are exe nplete and file <i>St</i> a	er to which the a empted from a p	ndditional inf resumption	ormation of abuse b	applies because	s. On the top of e you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.	What is your mari	ital and filing status	? Check one only	<i>I</i> .						
		ill out Column A, line								
	_	our spouse is filing v	-			2-11.				
		our spouse is NOT fi								
	_	he same household	_	-						
	under per	parately or are legally halty of perjury that yor reality in reality in reality.	ou and your spou	use are legally se	eparated und	er nonbar	nkruptcy	law that applie	g this box, you declare es or that you and your 7(b)(7)(B).	
10 va ex	01(10A). For examp oried during the 6 m	ole, if you are filing or nonths, add the incon	n September 15, the september	the 6-month per as and divide the	iod would be total by 6. F	March 1 t Il in the re	through esult. Do	August 31. If the not include an	le this bankruptcy cas ne amount of your mon y income amount more re nothing to report for	thly income than once. For
							Colu Debt	mn A t or 1	Column B Debtor 2 or non-filing spouse	
2.	. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).							\$6,586.67		
3.	. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00						
	Ordinary and nece	essary operating exp	enses	- \$0.00						
	Net monthly incom	ne from a business, p	orofession, or farr	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	l property	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$0.00	Dobio: 2					
		,								
	Ordinary and nece	essary operating exp	enses	- \$0.00						
	•	, , , , ,				Сору				
	•	essary operating exponential or other		- \$0.00 \$0.00		Copy here →		\$0.00		

Debtor 1

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	i list Name i viiddie Name	Lastivanie							
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
	8. Unemployment compensation		\$0.00						
	Do not enter the amount if you contend that the under								
	the Social Security Act. Instead, list it here:								
	For you	\$0.00							
	For your spouse	<u> </u>							
	9. Pension or retirement income. Do not include benefit under the Social Security Act. Also, exceed on not include any compensation, pension, pay United States Government in connection with a disability, or death of a member of the uniformeretired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10.	ept as stated in the next sentence, , annuity, or allowance paid by the disability, combat-related injury or d services. If you received any en include that pay only to the extent by to which you would otherwise be	\$0.00						
	10. Income from all other sources not listed about Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection winjury or disability, or death of a member of the list other sources on a separate page and put to								
	Total amounts from separate pages, if any. 11. Calculate your total current monthly income. each column. Then add the total for Column A		+ \$6,586.67	+	= \$6,586.67 Total current				
Pa	art 2: Determine Whether the Means Test A	applies to You			monthly income				
12.	Calculate your current monthly income for the year	: Follow these steps:							
	12a. Copy your total current monthly income from lin		Copy line 11 here →	\$6,586.67					
	Multiply by 12 (the number of months in a year		'	x 12					
	12b. The result is your annual income for this part of		12b.	\$79,040.04					
13.	Calculate the median family income that applies to								
	Fill in the state in which you live.	Pennsylvania							
	Fill in the number of people in your household.	3							
	Fill in the median family income for your state and size of household								
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2.								
	1/1h I line 12h is more than line 13. On the top of	nage 1 check hov 2. The programation	of abuse is determined	by Form 122 A 2					

Go to Part 3 and fill out Form 122A-2.

First Name Middle Name Las

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Ashley N. Brooks

Signature of Debtor 1

Date 01/30/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.